LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION CULTURAL COMPETENCY COMMITTEE MEETING

Date:

June 9, 2010

Present:

Kelli Blanchfield, Sandra Chang-Ptasinski, Rebecca Hall, Julie Ho, Martin Jones (via phone), Naga

Kasarabada, Ann Lee (via phone), Elaine Powell, James Randall, Tammi Robles, Kimberly Spears, Albert

Thompson, Leticia Ximenez

Absent:

Anahid Assatourian, Liz Echeverria, Nilsa Gallardo, Keren Goldberg, Sylvia Guerrero, Diane Guillory,

Adrienne Hament, Scott Hanada, Rose Lopez, Kumar Menon, Sharon Watson,

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introductions made. Kelli Blanchfield is representing Older Adults at this meeting but will be transferring to PEI, DMH-DHS collaboration program soon. Rebecca announced the Cultural Competency Plan Requirements (CCPR) deadline extended to August 31, 2010.
Review of Minutes	Approved/seconded as written
Action Items	 Roles & Responsibilities for the CCC – Feedback: Group asked to review and to send feedback/comments to Rebecca who will update for next meeting. Identify & Select forms to be translated into threshold languages: A list of forms deemed essential that need translation was provided. The group reviewed and added additional forms. Once the list is approved, Gladys will take and present to the EMT for their approval followed by implementation. Client Care/Coordination Plan (CCCP) was suggested as a form that should be translated but there have been many discussions in other groups/meeting that discourage translating this form. An argument against translating the CCCP is that it is too complex and to translate it would be very difficult. Another concern is with attaching the English version to the back of the translated CCCP form (as required by DMH Clinical Guidelines Policy). Some feel it would be problematic because the sheets often get lost or separated. Noted that the HIPAA forms are available online on LAC-DMH intranet and in the threshold languages, except for Arabic and Spanish. Spanish does have a link but it is nonfunctioning and Patients Rights is aware of this.

Per Title IX, DMH educational materials such as brochures need to be translated into the threshold languages. DMH currently has the FSP brochures in the threshold languages. FSP/WRAP Around Tier II is a new program; don't know if there is a brochure in English finished but there was one being worked on. Another program that should have brochures in threshold languages is Family Supportive Services. FSS is highly associated with FSP and FCCS but considered a completely different program with services for the family.

This list needs to be completed for presentation to EMT in July, for inclusion in the CCPR. CCC needs to prioritize the list by importance, consents etc. Forms and brochures can be added to the list yearly as the CCPR is updated.

Of the forms and brochures discussed, the priority is as follows:

- 1. Consent for Services
- 2. Privacy Practice & Clients Request for Release of Information (HIPAA Forms)
- 3. Confidentiality & Release of Information
- 4. Consent to Medication
- 5. Client Care/Coordination Plan
- 6. Change of Provider
- 7. Notice of Action
- Advanced Health Care Directive
- 9. ACCESS Brochure
- Educational Materials on Disorders: Depression, Bi-Polar, Anxiety, Schizophrenia, etc
- Training Julie Ho updated:
 - In process of developing subcommittee which would assign ratings to all trainings to determine level of cultural competency. Julie developed a document that is currently being reviewed and will be given to all presenters to ensure incorporation of cultural competency into all trainings except computer trainings. Subcommittee will consist of other training coordinators and Rebecca and a possible other member of the CCC.
 - II. Training is considering lengthening New Employee Orientation to 3 days instead of 2 days and using that 3rd day for the mandatory Sexual Harassment Training and Cultural Competency Trainings. This would be a good way to track the new employees but the issue still remains for how to track compliance with current employees.

	III. Questions: A. Are there timelines for getting the committee in place and developing the point system and what the point range be? Training has not set a definitive timeline of development as there is still discussion on the point range system and committee membership.
	B. Tracking questions – Is there any tracking mechanism being developed? Not able to pull every name from a training to see who has attended; only able to pull trainings for a specific date. Even if someone enrolls in a training via Learning Net, someone still needs to enter attendance from the sign-in sheet into the system. Learning Net hasn't been fully realized/developed to its potential.
	 C. Question about how trainings are chosen – Trainings are driven by requests from programs and budget.
	 CCC Membership: Under Represented Ethnic Population (UREP) membership was approached at a UREP Leadership meeting and they decided that the UREP Leadership would be willing to serve as an Advisory Board on issues that relate to underserved ethnic populations. If needed, CCC could attend their meetings and seek advice.
	Current membership is 15 and would want to expand to more than 30. Ideally would like Service Area representation, consumer/family/caretakers, UREP, age groups (child, TAY, adult, older adult), MHSA plans, contracted/directly operated providers, veterans associations, religion, and LGBTQ
1) 	Need to start looking at current membership and seeing what type of representation is currently involved. From there can invite people who can fulfill the deficient categories required as by the state.
CC Trainings	Listed on Agenda Additional trainings – Spirituality Conference - full Hoarding Conference, June 17, 2010 Housing Conference, June 14 th & 15 th
Next Meeting	 Wednesday, July 14, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,